

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM****FEBRUARY 19, 2008****MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

08 C 999

In the Matter of
Maria Flagg

Case Number:

v.

Advocate Health and Hospitals Corp.

**JUDGE LEINENWEBER
MAGISTRATE JUDGE COLE**

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
Maria Flagg

NAME (Type or print) Timothy Huizenga	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Timothy Huizenga	
FIRM Legal Assistance Foundation of Metropolitan Chicago	
STREET ADDRESS 111 W. Jackson Blvd., Suite 300	
CITY/STATE/ZIP Chicago, IL 60604	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 3125127	TELEPHONE NUMBER (312) 347-8377
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	